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Image# 202211179546827490

FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Ca	ındidate (ir	n full)										
	Levin, Mike	∋,,,											
	(b) Address (number and street) ☐ Check if add PO Box 2112				heck if addre	ss changed		Candidate's FEC Identification Number H8CA49058					
	(c) City, State,	and ZIP Co	ode					3. Is This		New			Amended
	Capistrano	Beach			CA	9262	4	Staten	nent X	(N)	OR		(A)
4.	Party Affiliation			5. Office Sou	ght		6. State & Dist		date				
	DEMOCRATI	C PARTY		House			CA	49					
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE												
7.	I hereby design	nate the fol	lowing nan	ned political co	mmittee as n	ny Principal (Campaign Com	mittee for the	2024 (year of			on(s).	
	NOTE: This de	signation s	should be fi	led with the ap	propriate offi	ce listed in th	ne instructions.						
	(a) Name of Co	mmittee (i	n full)										
	Mike L	evin fo	r Cong	ress									
	(b) Address (nu		street)										
	PO Box 2	112											
	(c) City, State,	and ZIP Co	ode										
	Capistrar	no Beach					CA	92624	4				
			DE	SIGNATIO	N OF OT	HER AU	THORIZED	COMMIT	TEES				
				(Including Joir	nt Fundraisin	g Representativ	ves)					
8.	I hereby author	ize the foll	owing nam	ed committee	, which is NO	T my principa	al campaign cor	mmittee, to re	eceive and	d expen	d funds	on be	ehalf of my
	candidacy.												
	NOTE: This de	signation s	hould be fi	led with the pr	incipal campa	ign committe	ee.						
	(a) Name of Co												
	Levin \	/ictory	Fund										
	(b) Address (nu												
			/e ol										
	Unit 15180 (c) City, State, a		nde										
	. , .		Juc				DC	20002					
	Washingto	JII					DC	20003	,				
	I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.												
Si	Signature of Candidate Date												
Le	vin, Mike, , ,					CEI .		11/17/20	122				
						[Eleci	ronically Filed]	11/17/20					
NC	OTE: Submission	n of false,	erroneous,	or incomplete	information n	nay subject t	he person signi	ng this Stater	ment to pe	enalties	of 2 U.	S.C. §	437g.
										1			

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

3.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full) California Candidates Victory Fund								
	(b) Address (number and street) 777 S Figueroa St Ste 4050								
	(c) City, State, and ZIP Code								
	Los Angeles	CA	90017						
3.	I hereby authorize the following named committee, which is NOT my procandidacy. NOTE : This designation should be filed with the principal candidacy.		•	alf of my					
	(a) Name of Committee (in full)								
	Schiff Hold the House 2020								
	(b) Address (number and street) 777 S Figueroa St Ste 4050								
	(c) City, State, and ZIP Code								
	Los Angeles	CA	90017						
3.	I hereby authorize the following named committee, which is NOT my proceedings of the candidacy. NOTE: This designation should be filed with the principal candidacy. Note: This designation should be filed with the principal candidacy. Note: This designation should be filed with the principal candidacy. Note: This designation should be filed with the principal candidacy. Note: This designation should be filed with the principal candidacy. Note: This designation should be filed with the principal candidacy. Note: This designation should be filed with the principal candidacy. Note: This designation should be filed with the principal candidacy. Note: This designation should be filed with the principal candidacy. Note: This designation should be filed with the principal candidacy. Note: This designation should be filed with the principal candidacy. Note: This designation should be filed with the principal candidacy. Note: This designation should be filed with the principal candidacy. Note: This designation should be filed with the principal candidacy.			alf of my					
	1346 The Alameda Unit 7-380								
	(c) City, State, and ZIP Code								
	San Jose	CA	95126						
3.	I hereby authorize the following named committee, which is NOT my procandidacy. NOTE: This designation should be filed with the principal case. (a) Name of Committee (in full) SEEC Victory Fund			alf of my					
	(b) Address (number and street) PO Box 15320								
	(c) City, State, and ZIP Code								
	Washington	DC	20003						

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	Stand Up For Democracy JFA							
	(b) Address (number and street) PO Box 5418							
	(c) City, State, and ZIP Code							
	Takoma Park	MD	20913					
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	Lee-Levin Victory Fund							
	(b) Address (number and street) 910 17th St NW							
	Ste 925							
	(c) City, State, and ZIP Code							
	Washington	DC	20006					
8.	I hereby authorize the following named committee, which is NOT my p candidacy. NOTE: This designation should be filed with the principal of (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code			nds on behalf of my				
8.	I hereby authorize the following named committee, which is NOT my p candidacy. NOTE : This designation should be filed with the principal of (a) Name of Committee (in full)			nds on behalf of my				
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							